No. C 121815		Due no later than Dec 31, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARVIN D CHAMBERLAIN			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.			465 LOCUST ST NORTH TWIN FALLS ID 83301			
		TWIN FALLS KIWANIS FOUNDATION, INC. MARVIN D CHAMBERLIAN PO BOX 25 465 LOCUST N TWIN FALLS ID 83301			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registere				
4. Corporations: Enter	Names and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MARK MELN	I	2657 E 3700 N	TWIN FALLS	ID	USA	83301	
DIRECTOR	RAY PARRIS	H	2572 CARROUSEL CIR	TWIN FALLS	ID	USA	83301	
DIRECTOR	ANTHONOY KEVEN		3120 N 2500 E	TWIN FALLS	ID	USA	83301	
DIRECTOR	CTOR CHRISTOPHER MELNI		632 LOCUST ST	KIMBERLY	ID	USA	83341	
DIRECTOR	JAMES RABE		833 SHOSHONE ST. N #116	TWIN FALLS	ID	USA	83301	
TREASURER	MARVIN D	CHAMBERLAIN	P.O. BOX 25 465 LOCUST ST.	TWIN FALLS	ID	USA	83303	
DIRECTOR PATRICIA LOPSHIRE			P.O. BOX 1521	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of: 6. Annual		6. Annual Report m	Annual Report must be signed.*					
ID		Signature: Marvi		Date: 10/16/2012				
C 121815		Name (type or print): Marvin Chamberlain			Title: Treasurer			
Processed 10/16/2012		* Electronically provided signatures are accepted as original signatures.						